

**WASTE
PROFILE
INFORMATION
FORM**

Please submit sample promptly.
Organic analyses must be completed
within 14 days of sample collection;
otherwise, resampling will be necessary.

ENVIRITE

CORPORATION



CUSTOMER INFORMATION:

Name of Generator MEADOWLANDS PLATING & FINISHING, INC. SIC 3471
Facility Address 890 PATERSON PLANK RD. EAST RUTHERFORD, NJ 07073
Pickup Address SAME.
Primary Contact ANDREW MARCHESE Title PRES. Phone 201-531-1945
Technical Contact JOE SZVLCZEWSKI Title MGR. Phone 201-531-1945
Emergency Contact ANDREW MARCHESE After-hours Phone (201) 736-1307
Parent Company N/A
Generator EPA ID# NJD 002405736 Generator State ID# _____
Generator Address for Invoicing UNITED ENVIRO SYS. INC. PO BOX 524, CHESTER, NJ 07930

WASTE INFORMATION:

Generator's Description/Identification of Waste waste water treatment sludge.

Physical State at 20°C (68°F) — (Check one box.) ☐ Solid ☐ Powder ☒ Sludge ☐ Liquid

Other Characteristics — (Complete each blank.)

BOD <u>0</u> ppm	TOX <u>0</u> ppm	Color <u>Dark Green</u>	Percent Free Liquid <u>0</u>
TOC <u>0</u> ppm	Oils/Grease <u>0</u> ppm	Percent Solids <u>>80</u>	Flash Point <u>>200</u> °F
		Number of Phases <u>1</u>	pH <u>5.5-9.5</u>

Generator Storage Method — (Check one box.)

☐ Tank ☐ Surface Impoundment ☐ Bags ☐ Drums ☒ Roll Off ☐ Dump Trailer ☐ Other

Does this waste contain flammables? ☐ Yes ☒ No Comments _____

Does this waste have an obvious odor? ☐ Yes ☒ No If "yes," describe _____

Does this waste produce any explosive, combustible or toxic gases upon neutralization with lime? ☐ Yes ☒ No

Comments: _____

Waste Quantity:

Estimated Volume 22 tons Estimated Frequency monthly.

SAMPLING:

Type of Sampler — (Check one box.) ☐ Coliwasa ☐ Sludge Judge ☐ Auger ☒ Other

Is this a composite sample? ☒ Yes ☐ No If "yes," indicate how many samples: _____

Identify source of sample (e.g., lagoon, tank, etc.) GAYLORD STORAGE SACKS

448988



SHADED AREA FOR ENVIRITE USE ONLY

STREAM NUMBER _____

DATE NEEDED _____

PROCESS INFORMATION:

Please briefly describe the process which generates this waste. Include plating activity (i.e., nickel, chrome, copper), raw solutions and base metals being plated. (Attach additional sheets if necessary.)

FILTER PRESS CAKE FROM WASTEWATER PROCESS
TREATING PROCESS WATER FROM NICKEL/CHROME &
NICKEL/BRASS PLATING OPERATIONS

Are other products used in this area which may contaminate the waste (i.e., cleaning solutions or any other chemicals used by maintenance personnel)? ☐ Yes ☒ No If "yes," identify material and attach copy of Material Safety Data Sheet if available.

Material: _____

Are paint stripping operations on site? ☐ Yes ☒ No

Are cyanide plating operations on site? ☒ Yes ☐ No

HAZARDS INFORMATION:

Describe those hazards which you know or reasonably believe are associated with short-term or prolonged human exposure to this waste. Nondisclosure of information will be considered representation that you believe there are no adverse human health effects associated with exposure to this waste. Attach relevant documents as a part of your response if appropriate.

Is this waste an EPA RCRA Hazardous Waste as described under 40 CFR 261 and equivalent state regulations?
☒ Yes ☐ No If "yes," please identify hazardous characteristics or constituents in the lists shown below.

Characteristic Hazardous Wastes

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> D001 (Oxidizers) | <input type="checkbox"/> D004 (Arsenic) | <input checked="" type="checkbox"/> D007 (Chromium) | <input type="checkbox"/> D010 (Selenium) |
| <input type="checkbox"/> D002 (Corrosive) | <input type="checkbox"/> D005 (Barium) | <input type="checkbox"/> D008 (Lead) | <input type="checkbox"/> D011 (Silver) |
| <input type="checkbox"/> D003 (Reactive) | <input type="checkbox"/> D006 (Cadmium) | <input type="checkbox"/> D009 (Mercury) | <input type="checkbox"/> Other _____ |

Listed Hazardous Wastes

- | | | | | | |
|--|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> F006 | <input type="checkbox"/> F008 | <input type="checkbox"/> F011 | <input type="checkbox"/> K002 | <input type="checkbox"/> K005 | <input type="checkbox"/> K008 |
| <input type="checkbox"/> F007 | <input type="checkbox"/> F009 | <input type="checkbox"/> F012 | <input type="checkbox"/> K003 | <input type="checkbox"/> K006 | <input type="checkbox"/> K062 |
| <input type="checkbox"/> F019 | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> K004 | <input type="checkbox"/> K007 | <input type="checkbox"/> Other _____ |

Is the waste subject to Land Disposal Restrictions (LDR) per 40 CFR 268 or its equivalent state regulations? ☒ Yes ☐ No

Does this waste require treatment to conform to Land Disposal Restrictions? ☒ Yes ☐ No

Per the LDR program's definition, the waste is a: ☐ Wastewater ☒ Nonwastewater

"Wastewaters" are wastes that contain less than 1% total organic carbon (TOC) and less than 1% total suspended solids (Nonfilterable Residues Test — Method No. 160.2 Methods for Chemical Analysis of Water and Wastes, EPA — 600/4-79-020, March 1983).

"Nonwastewaters" are those wastes that do not meet the definition of "Wastewaters."

Has EP Toxicity, TCLP or any other testing been done? ☒ Yes ☐ No If "yes," please attach copies of all reports covering the last six months.

If the waste is not classified as hazardous under federal regulations, is it regulated as a hazardous or special waste in the state where it is generated? ☐ Yes ☒ No If "yes," please list the state-specific waste codes that apply.

WASTE CONSTITUENTS:

If constituent is present, please give an estimate of range. If space is left blank, it will be assumed constituent is not present.

METALS

	TOTAL CONCENTRATION	
	Minimum ppm	Maximum ppm
Aluminum		
Arsenic		
Barium	45	
Beryllium		
Boron		
Cadmium		
Chromium	1430	
Chromium (+ 6)		
Copper	160	
Iron	2000	
Lead	7.5	
Manganese		
Mercury		
Nickel	610	
Selenium		
Silver		
Tin		
Zinc	1413	
Other		

ANIONS

	TOTAL CONCENTRATION	
	Minimum ppm	Maximum ppm
Chloride	0.3%	
Sulfate		
Nitrate		
Fluoride	2.1%	
Phosphate		

CHELATING AGENTS

	TOTAL CONCENTRATION	
	Minimum ppm	Maximum ppm
Ammonia		
Cyanide Total	< 0.02	
Cyanide Amenable		
Cyanide Leachable		
Other		

VOLATILE ORGANIC COMPOUNDS

	TOTAL CONCENTRATION	
	Minimum ppm	Maximum ppm
Acrylonitrile (vinyl cyanide)		
Benzene		
Bis(chloromethyl) ether		
Methylene chloride		
Methylchloromethyl ether		
Methyl ethyl ketone		
Tetrachloroethylene		
Trichloroethylene		
Vinyl chloride		
Carbon tetrachloride		
Chloroform		
Other		
Other		
Other		

SEMI-VOLATILE ORGANIC COMPOUNDS

	TOTAL CONCENTRATION	
	Minimum ppm	Maximum ppm
1,2-Diphenylhydrazine		
1-Naphthylamine		
2-Naphthylamine		
Anthracene		
Benzidine		
Dioxins		
Ethyleneimine		
N-Nitrosodimethylamine		
p-Nitrosodiphenylamine		
Phenol		
Other		
Other		
Other		

GENERAL

	TOTAL CONCENTRATION	
	Minimum ppm	Maximum ppm
Asbestos		
Carcinogens		
Herbicides		
PCBs		
Pesticides		
Radioactives		
Solvents		
Organometallic Compounds		
Other		
Other		
Other		

TRANSPORTATION INFORMATION:

Proper DOT Shipping Name RD Hazardous Waste Solid NOS. F006, D007
DOT Hazard Class 9 DOT UN/NA Number ~~111~~ NA 3077, PG III

Will the temperature of the waste to be transported be greater than 110°F? ☐ Yes ☒ No Comments: 10 (4.54)

Is Envirote handling transportation? ☐ Yes ☒ No If "no," and you are aware of who will be transporting the waste, please complete the following information:

Transporter Name Freehold Cartage.

Transporter EPA ID# _____ State Transporter ID# _____

Transporter Contact _____ Phone _____

After-hours Emergency Contact _____ Phone _____

GENERATOR EMERGENCY RESPONSE PLAN:

Do you have a written emergency-response/spill-prevention plan in force? ☒ Yes ☐ No If "yes," is a copy available? ☐ Yes ☒ No

Do you have a spill-response team? ☒ Yes ☐ No

Are special precautions required at the time of pickup? ☐ Yes ☒ No If "yes," indicate precautions:

CERTIFICATIONS:

I certify that I have designated the location point(s) for sample collection and the sample accompanying this document is representative. In the event that I personally collected the sample, I have identified myself as both the sampler and witness in the spaces below. If I have not collected the sample, both the sampler and witness are correctly identified below.

Date of Sampling _____ Time of Sampling _____ AM/PM

Sampler's Name _____

Title and Affiliation of Sampler _____

Sampler's Signature _____

Witness's Name _____

Title and Affiliation of Witness _____

Witness's Signature _____

I hereby avow that any pertinent information that is known by the generator concerning possible hazards has been disclosed in the information contained herein and attached to this form. I confirm that, to the best of my knowledge, all statements and attachments are correct and accurate representations of this waste material.

Signature Andrew M. Marcuse Title PRESIDENT.

Name ANDREW M. MARCUSE Date 10/19/95

All information submitted on this form and its attachments will be kept confidential within the limits of existing environmental laws and regulations. We suggest that you retain a copy of this form and its attachments for your records.